OMB Number: 2030-0020 Expiration Date: 04/30/2021

## **EPA KEY CONTACTS FORM**

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

| Name:  | Prefi                  | x: Mr.                       |                                 | First Name:                  | RONALD          |                           |                          | N            | liddle Name: |  |   |  |
|--|------------------------|------------------------------|---------------------------------|------------------------------|-----------------|---------------------------|--------------------------|--------------|--------------|--|---|--|
|  | Last                   | Name:                        | SUGAR                           |                              |                 |                           |                          |              | Suffix:      |  |   |  |
| Title:   | SENIOR DEPUTY DIRECTOR |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Complete Address:  |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street1: 542 4th Avenue  |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street2:   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| City: Pitts  |                        | Pittsb                       | purgh                           |                              | State:          | PA: Pennsy                | A: Pennsylvania          |              |              |  |   |  |
| Zip / Postal Co  |                        | Code:                        | 15219                           |                              | Country: USA: U |                           | TED STATES               | ED STATES    |              |  |   |  |
| Phone Number   |                        | er:                          | 412-578-8005                    |                              |                 | Fax Num                   | ber:                     | 412-578-8325 |              |  |   |  |
| E-mail Address:  |                        | ss:                          | RONALD.SUGAR@ALLEGHENYCOUNTY.US |                              |                 |                           |                          |              |              |  |   |  |
| Payee: Individual authorized to accept payments.   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Name: Prefix: Mrs. First Name: KIMBERLY Middle Name:   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
|  |                        |                              |                                 |                              | REFIBEREE       |                           |                          |              | Suffix:      |  |   |  |
| Last Name: JOYCE Suffix:  Title: FINANCE MANAGER   |                        |                              |                                 |                              |                 |                           |                          |              |              |  | _ |  |
| Complete Address:  |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street1: 542 4th Avenue  |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street2:   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| City:  |                        | Pittsk                       | urgh                            |                              |                 | State:                    | PA: Pennsy               | lvania       |              |  |   |  |
| Zip / F  | Zip / Postal Code:     |                              | 15219                           |                              | Country:        | untry: USA: UNITED STATES |                          |              |              |  |   |  |
| Phone I  | Numb                   | er:                          | 412-578-8013                    |                              |                 |                           | Fax Number: 412-578-8325 |              |              |  |   |  |
| E-mail A   |                        |                              |                                 | KIM.JOYCE@ALLEGHENYCOUNTY.US |                 |                           |                          |              |              |  |   |  |
| Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc). |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Name:  | Prefix                 | x: Mrs.                      |                                 | First Name:                  | KIMBERLY        |                           |                          | N            | liddle Name: |  |   |  |
|  | Last                   | Name:                        | JOYCE                           |                              |                 |                           |                          |              | Suffix:      |  |   |  |
| Title: Finance manager   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Comple   | te Ad                  | dress:                       |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street1: 542 4th Avenue  |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| Street2:   |                        |                              |                                 |                              |                 |                           |                          |              |              |  |   |  |
| City:  | L                      | Pittsburgh                   |                                 |                              | State:          | A: Pennsylvania           |                          |              |              |  |   |  |
| Zip / Postal Code:   |                        | Code:                        | 15219                           |                              | Country:        | USA: UNIT                 | ED STATES                |              |              |  |   |  |
| Phone Number:  |                        | er:                          | 4125788013                      |                              |                 |                           | Fax Numb                 | <u>91</u>    | 25788325     |  |   |  |
| E-mail Address:  |                        | KIM.JOYCE@ALLEGHENYCOUNTY.US |                                 |                              |                 |                           |                          |              |              |  |   |  |

EPA Form 5700-54 (Rev 4-02)

## **EPA KEY CONTACTS FORM**

Project Manager: Individual responsible for the technical completion of the proposed work.

| Name:              | Prefix: Ms.      | First Name:                     | Jayme                      | Middle Name: |  |  |  |  |  |  |  |
|--------------------|------------------|---------------------------------|----------------------------|--------------|--|--|--|--|--|--|--|
|                    | Last Name:       | Graham                          |                            | Suffix:      |  |  |  |  |  |  |  |
| Title:             | Program M        | anager                          |                            |              |  |  |  |  |  |  |  |
| Complete Address:  |                  |                                 |                            |              |  |  |  |  |  |  |  |
| Stree              | <b>t1:</b> 542 4 | th Avenue                       |                            |              |  |  |  |  |  |  |  |
| Street2:           |                  |                                 |                            |              |  |  |  |  |  |  |  |
| City: Pittsk       |                  | ourgh                           | State: PA: Pennsylvania    |              |  |  |  |  |  |  |  |
| Zip / Postal Code: |                  | 15219                           | Country: USA: UNITED STATE | es           |  |  |  |  |  |  |  |
| Phone Number:      |                  | 4125788129                      | Fax Number:                | 4125788144   |  |  |  |  |  |  |  |
| E-mail Address:    |                  | jayme.graham@alleghenycounty.us |                            |              |  |  |  |  |  |  |  |